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<b>SERIAL NUMBER</b> 09/313,828	<b>FILING OR 371(c) DATE</b> 05/18/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 23119/04016
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/085,969 05/19/1998 ✓

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
 06/07/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>E. H. H.</i>	Initials		

## ADDRESS

23973

## TITLE

TARGETED LIPOSOMAL DRUG DELIVERY SYSTEM

<b>FILING FEE RECEIVED</b> 907	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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